NETWORK 2

VA Healthcare Network Upstate New York

Fiscal Year 2003

Goalsharing **Program**

Dear Network 2 Team Members,

We are delighted to announce the continuation of ***GOALSHARING,*** the incentive award program that rewards teams of employees for improving service and quality through exceeding our strategic goals.

Because of the hard work of the team captains and members of the Goalsharing Teams, the program was funded for another year. We accomplished some significant improvements in Fiscal Year (FY) 2002. The Network Executive Leadership Council approved the program for FY 2003 at a potential incentive payout of $750 per employee. The FY 2003 program will begin on October 1, 2002 and conclude on September 30, 2003.

The purpose of this ***Goalsharing Handbook*** is to communicate the changes to the program for FY 2003 and the gains required of us all. The handbook also highlights what you and your work unit can do to help. If we are able to meet the challenge this year and accomplish our end-of-year goals, financial rewards will be gained for you and the Network. The program is designed to start us on the road to 2007.

Goalsharing can mean more cash in your pocket at the end of the year. It all depends on how well the employees at all levels help the Network meet the goals we have for FY 2003. It starts with a partnership between the Network, medical centers, and care/service lines in support of continuous improvement from year to year.

Each work unit, as defined by the Local Goalsharing (LG) Task Force, will be asked to develop **three** work unit *stretch* goals in support of the Six for 2007/Critical Success Factors.

Stretch goals are defined as at least 10% better than the consensus estimate of what is expected if there is no actual baseline. If there is baseline data then use that plus 10%.

As you read on, feel free to ask any questions that you may have regarding the process. We encourage you to provide your Local Goalsharing Task Force with any comments.

Critical Success Factors Network 2	Six For 2007 VHA
• Provide Excellence in Health Care **Quality**	• Put Quality First Until First in Quality • Enhance, Preserve, and Restore Patient Function • Build Healthy Communities
• Achieve Outstanding Veteran **Satisfaction**	• Exceed Patients' Expectations
• Provide the Best Health Care **Value**	• Maximize Resource Use to Benefit Veterans
• Provide Easy **Access** to Care	• Easy Access to Medical Knowledge, Expertise & Care

For more information, visit the Network 2 Goalsharing website at:

vaww.visn2.med.va.gov/leading/goalsharing.html

Remember: Together, we can meet our goals!

Network 2 *Goalsharing* Team

Program Manager: Harry H. Ray

Albany

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Bath

    James Jenkins, Walter Dowdle, Ester Covell, Jean Riley, Karen Strobe, LuAnn DeLuca.

Canandaigua

    Dan V. Ryan, Linda Krossber, Brenda Pulver, Diane West, Mike Tremblay, Dee Anzalone, Joi Washburn.

Syracuse

    Glen Gardner, Jerry Rogers, Pat Lonergan, Dave Evangelista, Eric Yeager, Leila Moffett, Darlene Perkins, Duane Schumacher, Robyn Thornhill, Mark Tartaglia.

VAWNYHS

    Judith Kaczmarek, Kathy Pilarz, William Bogan, Kathy Koestler, Judy Jacob, Teresa Newton, Sharon Gibas, Renee Grzymala, Kelly Molik, Colleen Murphy, Kim Jones, Sharon Machlowski, Donna Kesterson, Carina Halpin, Shelley Ruh, Cathy Harmon, Margie Pautz.

FY 2003 *Goalsharing* Guidelines

1. The Network 2 Goalsharing Team is responsible for:
   a. Establishing a Local Goalsharing (LG) Taskforce at each facility.
   b. Assisting LG Taskforces in determining appropriate measures of performance for goals selected.
   c. Providing training for each LG Taskforce on goal setting, teamwork, measurement techniques, and performance improvement methods.
   d. Publicizing the program and communicating success through community bulletin boards and IOIs.

2. The LG Taskforce at each facility is responsible for:
   a. Defining and developing work units of 22 or less employees with common objectives and purpose in a specific area.
   b. Establishing support work units for employees who work in more than one common area.
   c. Assisting the work units in the development of meaningful work unit stretch goals and determining appropriate measures of performance.
   d. An annual status report to the Local Leadership Council (LLC).
   e. Submitting LG Taskforce reports to the Network 2 Program Manager on 1/15/03; 4/15/03;7/15/03; 10/15/03.

3. Work Unit Teams will:
   a. Select three goals from the Six for 2007 Strategic Goals.
   b. Identify Bronze, Silver and Gold levels. Outcomes must be defined using terms or behaviors that are measurable. It is expected that this process is a joint effort between your management and the team.
   c. Work unit membership will consist of no more than 22 employees. Only employees in an identified work unit will be eligible for an incentive award from Goalsharing. It is recommended that the teams range from 8 to 10 employees, if practical.
   d. Submit the goals to management for review and concurrence.
   e. Make the action plan available to employees to increase the probability of success.

4. The role of management is to:
   a. Support the teams in the development of goals and measurement outcomes through the coaching and mentoring of each team.

NETWORK GOALS (Must select 3 from the following)	Bronze	Silver	Gold
Put quality first until first in quality	1 pt.	2 pts.	3 pts.
Provide easy access to medical knowledge, expertise and care	1 pt.	2 pts.	3 pts.
Enhance, preserve, and restore patient function	1 pt.	2 pts.	3 pts.
Exceed patients' expectations	1 pt.	2 pts.	3 pts.
Maximize resource use to benefit veterans	1 pt.	2 pts.	3 pts.
Build healthly communities	1 pt.	2 pts.	3 pts.
Total Points Required for Work Unit Award	2-4	5-7	8-9
Incentive Award Amounts for Each Work Unit Employee	$200	$400	$750

Goal Analysis

➣ Commit each goal to paper.

➣ Brainstorm possible criteria/measures.

➣ Refine criteria/measures.

➣ Restructure criteria/measures.

Ask: If the team meets the criteria will the goal be met?

GOAL 1   Put quality first until first in quality.

Definition: Quality and service.

What impacts it?

- Providing services at the optimum level of care through expanded outpatient and home care services
- Maintaining the integrity of needed inpatient programs
- Generating increased alternative revenue
- Improving 3rd party collections
- Expanding sharing agreements
- Restructure programs and services to foster a team approach
- Assuring excellent quality
- Promoting safety on the job
- Reducing re-work
- Eliminating waste
- Wellness programs
- Drug costs
- Recycling
- Travel funds

What will you do to help?

GOAL 2 Provide easy access to medical knowledge, expertise and care.

Definition: The extent to which patients can gain our services.

What impacts it?

- Community Service Centers and Community Based Outpatient Clinics
- Improving timeliness of outpatient services
- Expanding mental health and geriatric services at community based outpatient clinics
- Providing additional home care and community based programs
- Promoting the VA in the community
- Talking up the "value" and "quality" of VA Healthcare as part of a "speakers bureau."
- Noting your connection to the VA when asked to teach or present information in the community.
- Awareness of the services offered for the veteran population
- Clinic hours and scheduling methods
- Mixed delivery systems for our services
- The reduction of barriers to access

What will you do to help?

GOAL 3 Enhance, preserve, and restore patient function.

Definition: Promote early intervention, continuity of care and rehabilitation.

What impacts it?

- Emphasize health and wellness programs
- Promote early disease detection
- Enhance rehabilitation services for veterans with special needs
- Improve functioning through the use of applied research
- Improve the health of the patient
- Increase the use of the On-Demand system

What will you do to help?

GOAL 4   Exceed customer expectations.

Definition: Improvement in each of the Network
indicators of customer service.

What impacts it?

- Perceptions and first impressions
- Registration of patients
- The intake process at all points of patient contact
- The billing process
- Community relations
- Re-work and cycle times
- Access into the facility
- Courtesy and respect
- The health care team
- One provider
- Patient education and support
- Support of the family members
- Employee satisfaction
- Wait times
- Implementation of CARE throughout Network
- Promotion of Planetree
- The use of Quick Cards

What will you do to help?

GOAL 5   Maximize resource use to benefit veterans.

Definition: Improve on the cost and benefit of services
                rendered.

What impacts it?

- Realign operations to reduce cycle times
- Promote "doing the right thing"
- Promote "doing things right" the first time
- Partner with others to benefit from "scale"
- Benchmark against "best practices" and replicate within the VA
- Improve effectiveness of people, technology and finances
- Promote and recognize "continuous improvement" projects
- Reduce waste
- Eliminate rework and duplication
- Reduce energy consumption

What will you do to help?

GOAL 6   **Build healthy communities.**

Definition: The best practices in resource utilization to improve health care.

What impacts it?

- Introduction of new technologies which will aid in the detection or treatment of patient illness
- Introduce medical records imaging and improved computerization
- Improve on Chronic Disease Index (CDI), Prevention (P) and Palliative Care indices
- Prevention programs
- Patient education
- Employee development
- Publications on wellness
- Health screening programs
- Research
- CQI in health care methods
- Looking outside the VA for improvements we can use inside the VA
- Reading health care journals and trade magazines to learn about things we can do differently
- Practice The Deming Method: Plan, Do, Study, Act
- Learn from the best through strategic benchmarking
- Promote Strategic Quality Management
- Participate on Juran Project Teams-use of "dream" teams to move to the future. Consult: vaww.va.gov/med/osp/cgi-bin/lessons_intronew.asp

What will you do to help?

Management

Members of management GOALS are:

- **Goal One:** to support and measure the outcomes of work unit teams within his or her span of control and responsibility.

The first goal involves working with each work unit within his/her span of control to translate strategy into operational terms. The manager will assist with aligning and linking work unit teams, creating strategic awareness, and making strategy a continual process by creating a reporting system that allows progress to be monitored and corrective action taken. The manager will assist teams in writing "stretch" goals that move us forward on "Six for 2007."

An example: The manager meets with each team as they set their goals and assists them in writing goals with clear outcome measures. The manager may want to monitor and coach the teams on becoming "high performing" teams. He/she can do this by determining their current performance level and providing support that will improve their performance. The manager should look for a 10% improvement from the pre- to post-assessment. *

* Assistance in building "high performing" teams is available through the High Performance Development Model, Goalsharing, or ITT&D/Prime office.

- **Goal Two:** to address a specific six for 2007 strategic goal within his/her workgroup using a team approach.

The second goal involves finding and fixing problems within the system. The manager will facilitate and lead an improvement effort in one of the Six for 2007/CSF impact areas.

An example: The manager leads the work unit in a "process action" team effort, aimed at improving the system and removing barriers to high performance. Other methods available are "workouts" or "deep dives". <u>Whatever method is used, the manager owns the process and the documentation of the final outcomes.</u>*

- Contact the Goalsharing Office for training or coaching in "workout" and "deep dive" methods.

- <u>The GE Work-Out</u>, by Dave Ulrich, Steve Kerr and Ron Ashkenas, McGraw-Hill 2002, $29.95.

* Nightline: 7/13/99 "The Deep Dive" video.

Both are available through the library.

- **Goal Three:** to address the future through the support of one of the elements from the High Performance Development Model (HPDM).

The third goal addresses the HPDM. Using the HPDM, each manager will set an individual goal in support of the program.

An example: The manager starts a personal improvement program in one of the eight core competencies. The program could involve improved competency in a technical area such as learning and using a new software system to improve performance, enhancing customer service skills by conducting a focus group with customers to identify areas for improvement, or by developing and implementing a formal cross-training program within the work area.

Managers/supervisors are usually defined with an alphabetic or numerical code other than "0" or "1" in the "paid" system.

Managers are responsible for:

Goal One: supporting teams in the development of goals and suggesting measures for the outcomes of work unit teams within his or her span of control and responsibility

Goal Two: to lead a system improvement effort in support of a specific six for 2007 strategic goal within his/her workgroup using a team approach.

Goal Three: to address the future through the support of one of the elements from the High Performance Development Model.

Timeline

10/1/02   FY 2003 program begins

10/31/02   FY 2002 results compiled/award amounts determined

11/1/02   FY 2002 data collected and submitted

11/15/02   Victory List developed for sharing of all innovations/ stories of work units obtaining "Gold" for publication on the Web.

11/16/02   Victory List submitted to the Network Co-captains

11/22/02   FY 2002 payout made

1/15/03   FY 2003 teams established with goals; status report due to Network Program Manager

3/31/03   Employees must be on a team for a payment in FY 2003

4/15/03   Mid-term reports and review of teams and results; site visit

5/15/03   Site visits completed of LG Taskforce

5/15/03   Progress report due from Program Manager on site visit results to Network 2 Goalsharing Team and Network 2 VP HRMS.

7/15/03   Goal status report due from LG taskforce to Program Manager

8/15/03   Network Goalsharing Team has progress review face-to-face and lessons learned meeting

9/15/03   Network Goalsharing Team conducts progress review and FY 2004 Planning session

9/30/03   FY 2003 Program ends at midnight

10/15/03   Final report due for FY 2003

Employees eligible for this program must:

1. Be a member of a Goalsharing Team with approved goals on or before 3/31/03 and be employed in Network 2 on 9/30/03.

2. Actively support goal attainment within the work unit.

   a. Employees, who have met rule 1 and 2 that retire from, transfer, or separate (except for cause) from the VHA system after 9/30/03 will receive the incentive due them at the incentive payout date.

   b. Full-time employees must be in a work unit for at least 1,040 hours.

   c. Intermittent and part-time employees must be in a work unit for at least 500 hours.

   d. The work unit the employee has the majority of time assigned to will be the work unit used to determine the award amounts.

3. Non-VHA employees **eligible** include federal employees from the canteen, research, Vets Centers, EMPO, and cemetery employees assigned to a medical center within Network 2.

Employees **not eligible** include fee basis, trainees, residents, interns, students, and employees who enter on duty after 3/31/03.

Teams may not consist of more than twenty-two members.

Maximum potential Incentive Award for FY 2003
$750 PER EMPLOYEE

For possible ideas, please consult:

www.va.gov/med/osp/cgi-bin/compendium2.asp

vaww.visn2.med.va.gov/leading/access/index.html

Action Plan Agreement

GOALS: How will you know what you've accomplished? What are your specific targets or yardsticks by which you will measure improvement?

PROBLEMS: What barriers, resistance, interruptions, and obstacles, etc. might you encounter as you implement your action plan? Number them.

SOLUTIONS: How do you plan to avoid or to deal with the problems that you've just listed? Number to correspond with your list on previous page.

RESOURCES: What people will you need to implement this plan? Time required? (Did you include your own time?) What other resources - equipment, materials, outside assistance?

ACTIVITIES: List in sequence the steps required to bring about the desired change. Indicate the time period for each using actual calendar dates and estimates of the number of hours required for each activity listed.

COSTS: List the costs of implementing your action plan, including both initial capital investments (if any) and any changes in operating costs.

BENEFITS: Itemize the dollar benefits and estimate the value of any intangible benefits.

COMMITMENT: In signing below, we agree to make the commitment of time and money needed to carry out this ACTION PLAN as outlined. We further agree to meet at the time(s) noted below to review progress and modify the schedule of activities described as may be needed to achieve our goals.

Signatures: Date/Time for Progress
                                               Review(s)

_____   _____
Work Unit Leader

_____   _____
Management Representative

TEAM: CARE LINE/SERVICE LINE:

Teammates (recommended size 8 to 10):

1.   5.

2.   6.

3.   7.

4.   8.

Not to exceed 22 employees per work unit team.